

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lizzie Annby</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Annapolis</i>		Date of death <i>1903</i>		Age <i>14</i>		Months <i>2</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>			
Occupation _____				Where Residing if not at place of death <i>96 Market St.</i>			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>Alexander Annby</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Lizzie Gassaway</i>		Mother's Birthplace <i>Ga Co</i>					
Name of person giving information <i>Isaac Gilbert</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro-Enteritis</i>	How long <i>5</i>	<i>several days</i>
Immediate <i>Exhaustion</i>	How long <i>10</i>	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>	
<i>Yes</i>	Address <i>Annapolis Md</i>	
Accident or Suicide?		

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Name
in
Full

Amelia Boardley

CERTIFICATE OF DEATH

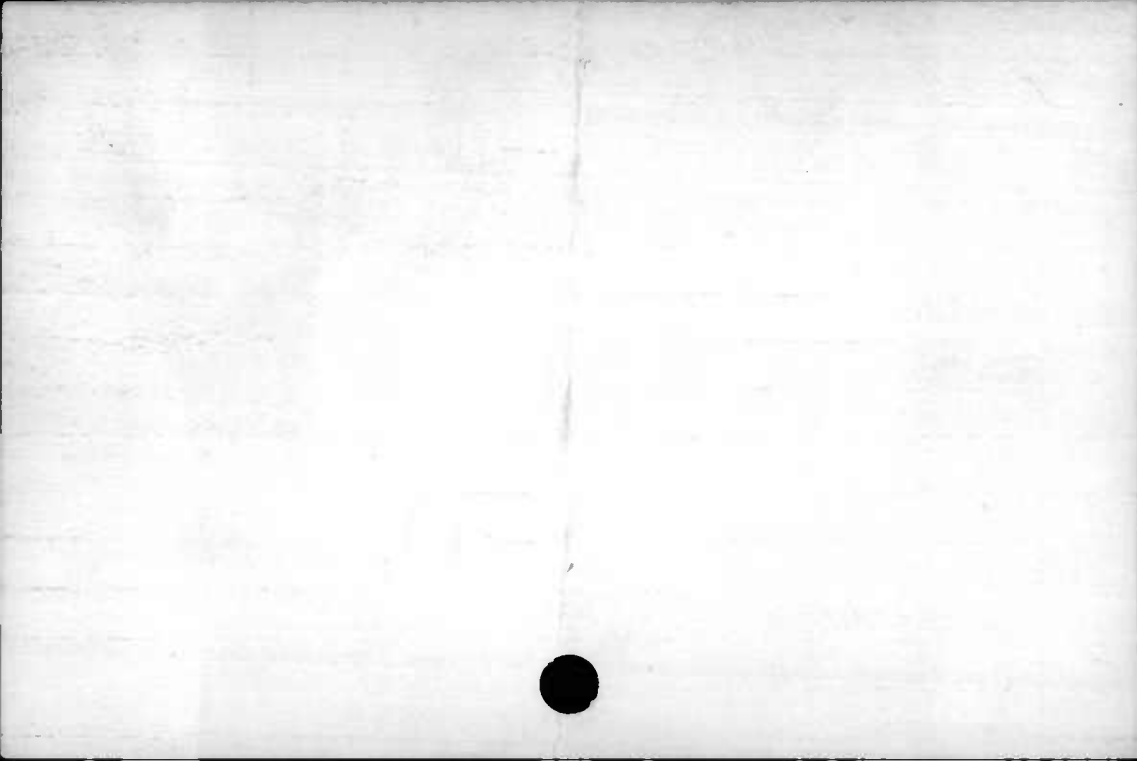
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Zion</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1903</i>	Month	<i>March</i>	Day	<i>25</i>
Age		<i>30</i>		Years	<i>—</i>
Sex	<i>female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Calvert Co.,</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		<i>married</i>			
Name of Wife or Husband		<i>John Boardley</i>			
Father's Name		<i>Henry Harris</i>		Father's Birthplace	<i>Eastern Shore</i>
Mother's Maiden Name		<i>—</i>		Mother's Birthplace	<i>Calvert Co.,</i>
Name of person giving information		<i>Robert Boardley</i>		How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>27</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Thelma Cannon (M)</i>	
		Address	
		<i>Port Zion Rd</i>	
		<i>22 County - Md</i>	
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Jerome C. Curry *3/19/1905*
Town County

Died at *Marley* *Quail Arnold*

MARYLAND

Date of death *1905* Month *March* Day *19* Age *17* Months Days

Sex *male* Color or Race *Black* Birth-place *Quail Arnold Co Md*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Thomas Curry* Father's Birthplace *a a co Md*

Mother's Maiden Name *Mary E. Franklin* Mother's Birthplace *a a co Md*

Name of person giving information *Jacob Franklin* How related to deceased *Grandfather*

CAUSES OF DEATH

Primary *catarrh* How long *about 6 months*

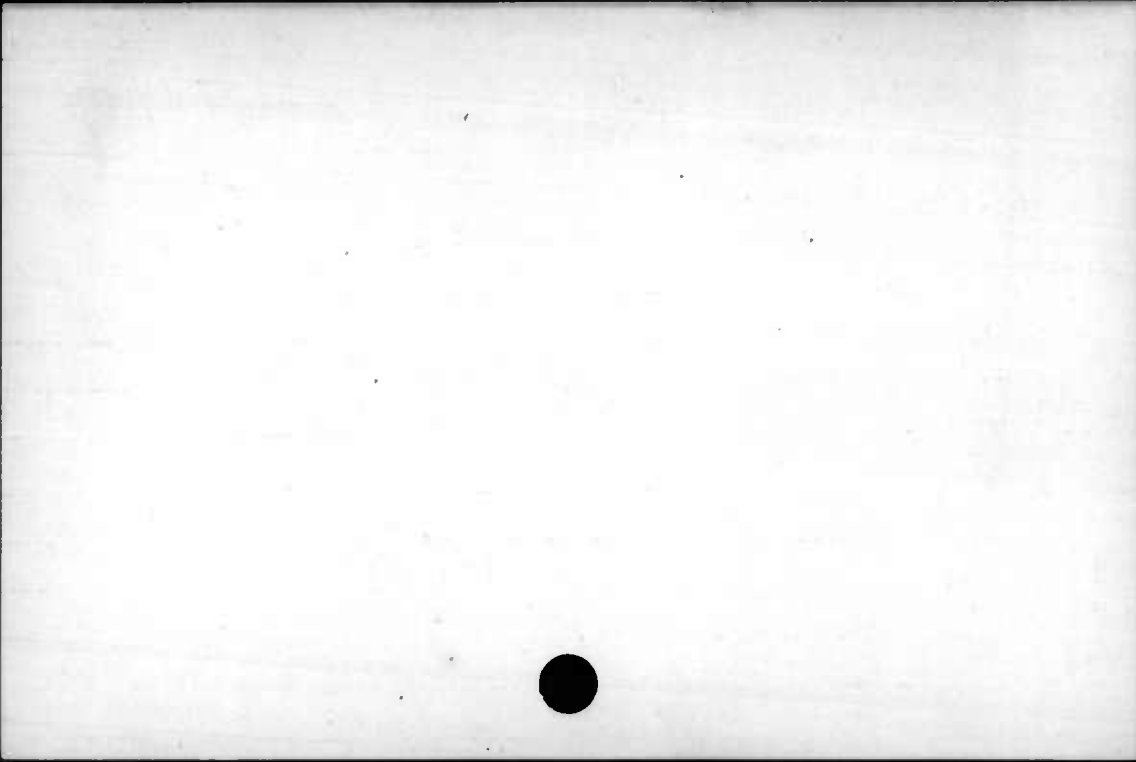
Immediate *consumption* How long *5 months*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *none*

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Sarah Davis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town McKennoe		County Anne Arundel		MARYLAND
	Date of death	1905	Month March	Day 12	Age 0	Years	Months 5
	Sex	Female		Color or Race	Black		Birth-place Md.
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name				Father's Birthplace		
	Mother's Maiden Name Ella Davis				Mother's Birthplace Md.		
Name of person giving information		Charles Davis			How related to deceased Grandfather		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tuberculosis			How long all life	
	Immediate		151			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician V. H. Perrie		
			Address		McKennoe, Md.		
	Accident or Suicide?						

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Name
in
Full

Willard Myron Duwall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Annapolis		A. A. Co.		MARYLAND	
Date of death		1905	March	22 nd	Age	5	Months
Sex		Male		Color or Race		Colored	
Occupation		Infant		Where Residing if not at place of death		88 Market St.	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Joseph Duwall		Father's Birthplace		A. A. Co.	
Mother's Maiden Name		Mary Stepmey		Mother's Birthplace		A. A. Co.	
Name of person giving information		Father		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Deutition	How long	Several days
Immediate	Meningitis	How long	6 1/2
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John Ribant M.D.
		Address	Annapolis, Md.
Accident or Suicide?	-		

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Name
in
Full

Thomas Ennis

CERTIFICATE OF DEATH

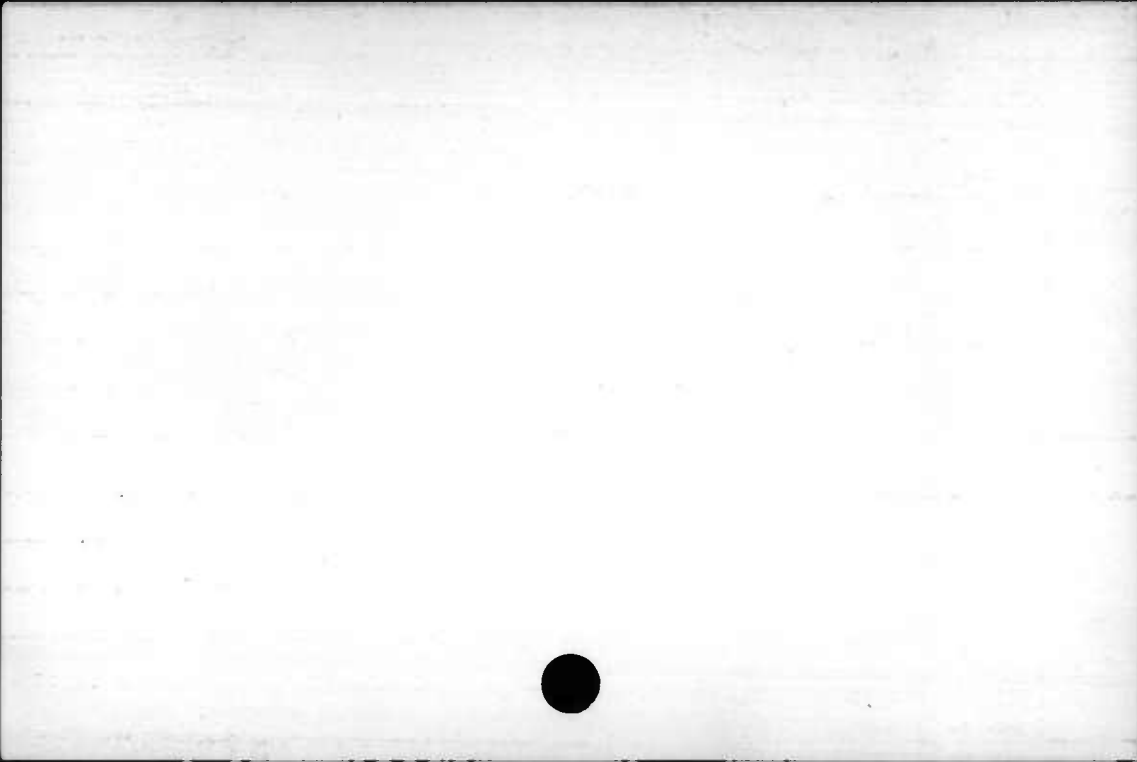
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Millersville</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	1905	Month	March	Day	15
Age		50		Months	
Sex	Male	Color or Race	African	Birth-place	D.C.
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband <u>Catharine</u>		
Father's Name	Peter Ennis		Father's Birthplace <u>D.C.</u>		
Mother's Maiden Name	Don't know		Mother's Birthplace <u>Don't know</u>		
Name of person giving information	Wesley Hall		How related to deceased <u>Son-in-law</u>		

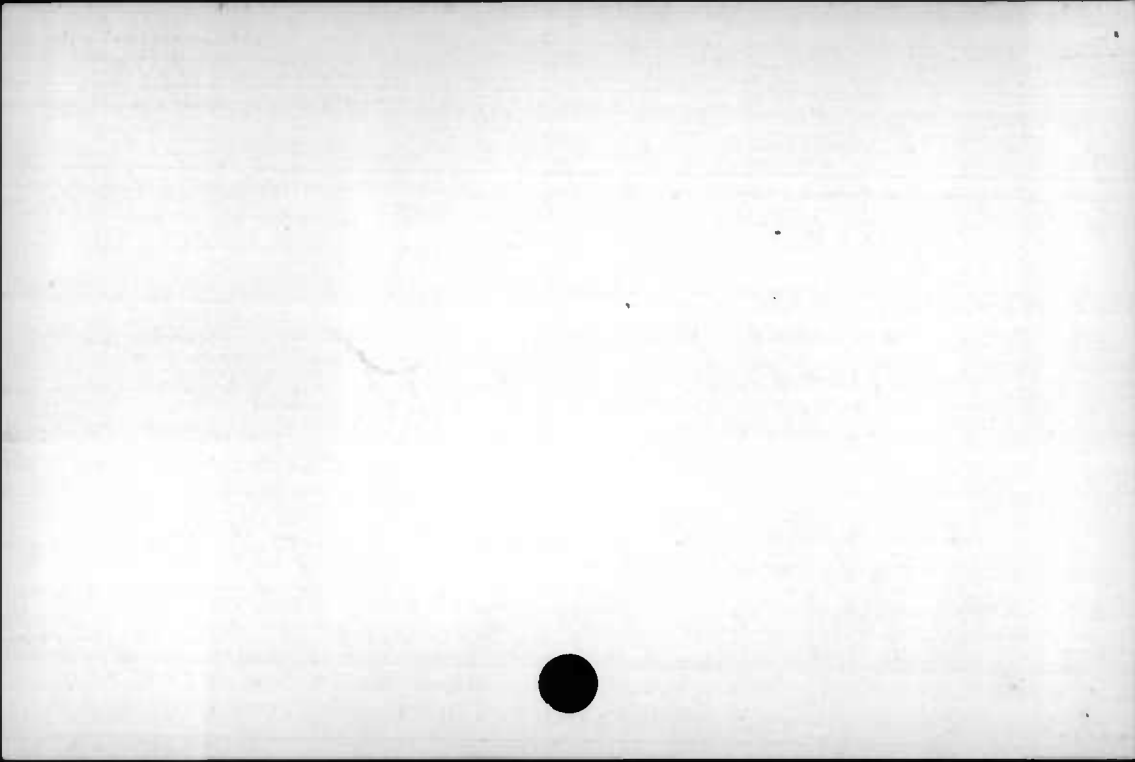
CAUSES OF DEATH

PHYSICIAN
OR CORONER

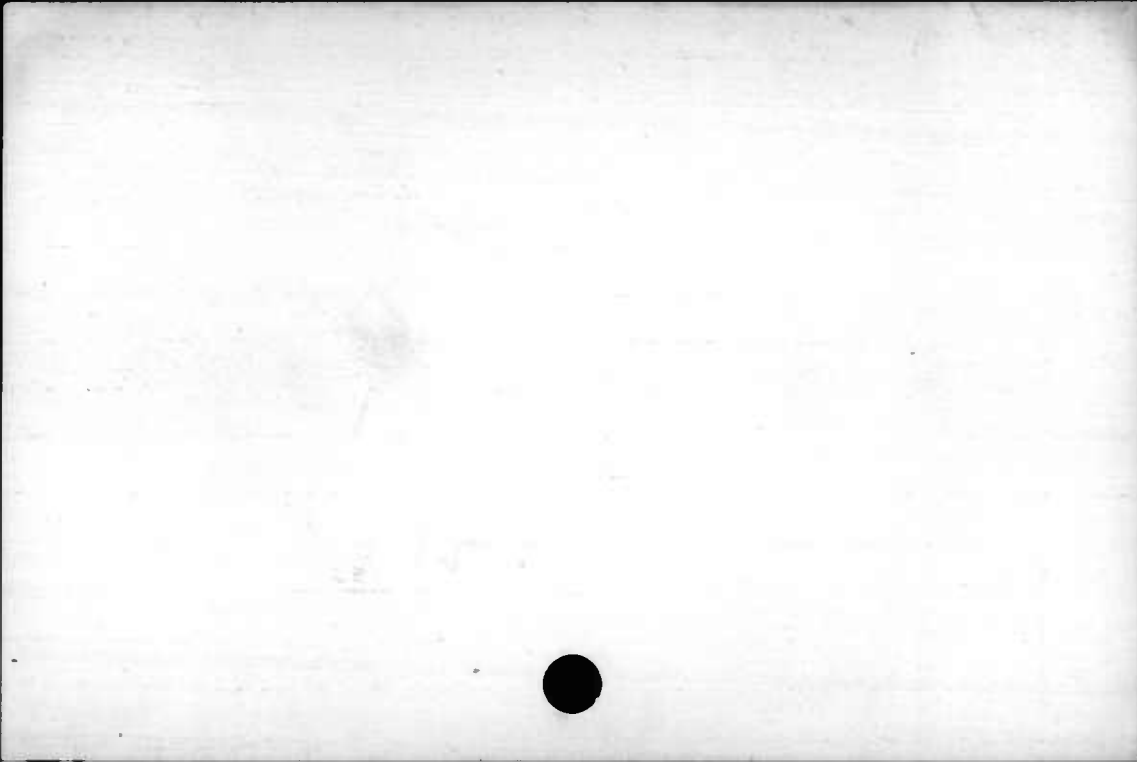
Primary	Paralysis	How long	one year
Immediate	Do	How long	one instantaneous
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. W. Davis M.D.
	Wesley Hall	Address	Gambrell's
Accident or Suicide?			MD



Name in Full		Certificate of Death			
Mary Franklin		MARYLAND			
Died at Churchtown		County A A			
Date of death 1905 Mar 8		Age 64		Months Days	
Sex Female		Color or Race colored		Birth-place Belmont Co., Ind	
Occupation None		Where Residing if not at place of death -			
Married, Single or Widowed Widow		Name of Wife or Husband			
Father's Name Augustus Murray		Father's Birthplace Ind			
Mother's Maiden Name Harriett A. Parran		Mother's Birthplace Ind			
Name of person giving information Alex Murray		How related to deceased nephew			
CAUSES OF DEATH					
Primary Organic Heart Disease		How long 2 years			
Immediate Pulmonary edema		How long 72 hours			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Geo. T. Dent			
		Address Churchtown Ind			
Accident or Suicide? -					



Name in Full		Gertude Gross				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Nutwell		County Anne Arundel		MARYLAND	
	Date of death	1905	Month March	Day 29	Years 9	Months	Days
	Sex	female		Color or Race	colored		Birth- place
	Occupation	school-child		Where Residing if not at place of death		Nutwell	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Thomas Gross		Father's Birthplace	Nutwell		
	Mother's Maiden Name	Rachel Mullen		Mother's Birthplace	Nutwell		
Name of person giving Information	Thomas Mullen		How related to deceased	Grandfather			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	2 years
	Immediate	Bronchiectasis				How long	6 weeks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	A. Sydney Starbuck M.D.	
					Address	Leetche's Md.	
Accident or Suicide?							



Name
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Full

Perry Harold

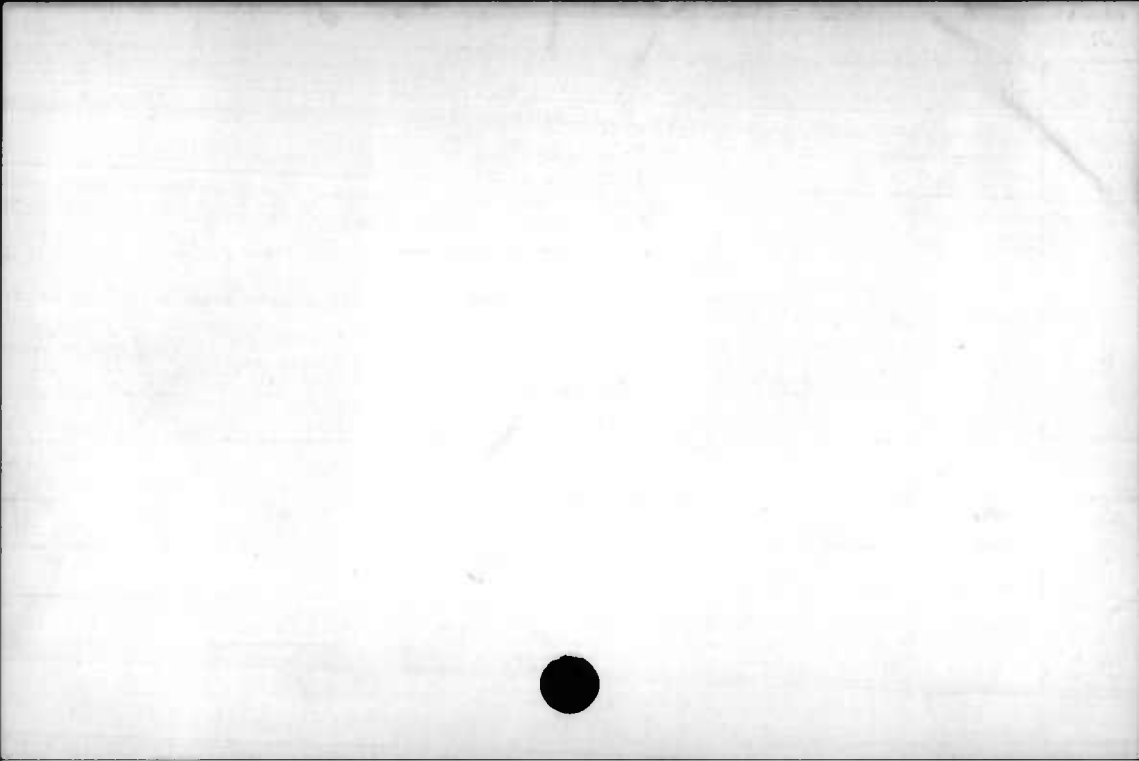
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Millersville</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Month</small>	<u>Mar</u> <small>Day</small>	<u>3</u> <small>Years</small>	<u>50</u> <small>Months</small>	<u></u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>A. A. Co. Md</u>
Occupation	<u>Labourer</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Perry Harold</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Rachel</u>			Mother's Birthplace	<u>Md</u>
Name of person giving Information	<u>Samuel Harold</u>			How related to deceased	<u>None</u>

CAUSES OF DEATH

Primary	<u>Phthisis</u>	How long	<u>Six months</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>J. W. B. Gant M.D.</u>
		Address	<u>Millersville Md</u>
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Gallopway* Town *Ch. A.* CountyDate of death *1905* Month *3* Day *13* Age *35* Years Months *6* Days *—*Sex *Female* Color or Race *White* Birth-place *West River, Md.*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Richard H. Hardisty*Father's Birthplace *Md.*Mother's Maiden Name *Rachel L. Hardisty*Mother's Birthplace *Md.*Name of person giving information *R. H. Hardisty*How related to deceased *Brother*

CAUSES OF DEATH

Primary *Tuberculosis*How long *4 years*Immediate *"*How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *R. H. Hardisty*Address *St. W. C.*Accident or Suicide? *—*PHYSICIAN
OR CORONER

Name in Full

Certificate of Death

Levinthly Harris

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

05

March 11

Age

72

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia

Death

Immediate

Exhaustion

93

How long sick

7 days

Accident, Suicide, Homicide

Reported by

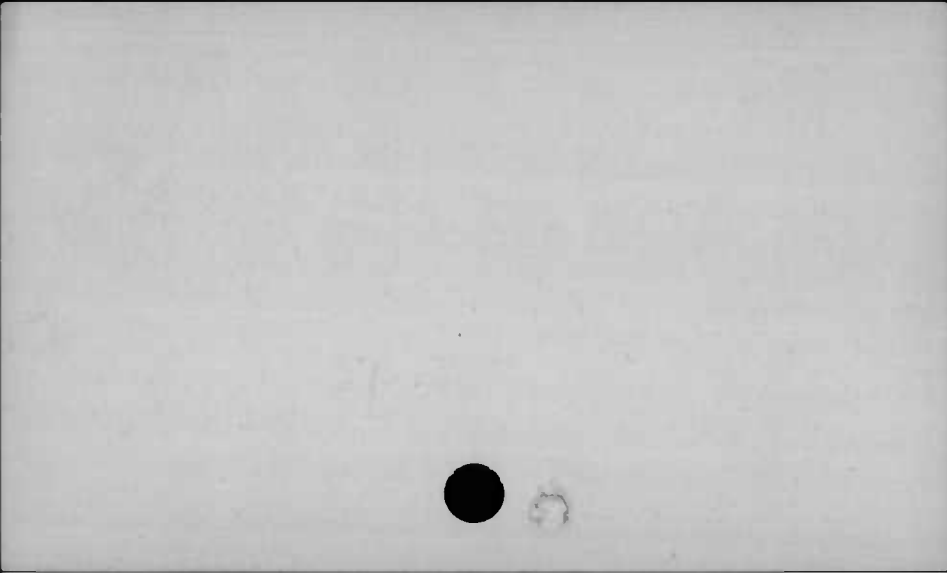
John Ridout M.D.

Address

St. Marys St. St. John's

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Bernard Harvey*
Died at *Shady Side* ^{Town}*A A* ^{County}

MARYLAND

Date of death *1905 Mar*

Month

Day

Age

Years

Months

Days

Sex *Male*Color or
Race*Colored*Birth-
place*Md*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Albert E Harvey*Father's
Birthplace*Baltimore*Mother's
Maiden Name*Rosie E Davis*Mother's
Birthplace*Shady Side Md*Name of person giving
In formation*Rosie E Harvey*How related
to deceased*Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

How long

4 days

Immediate

Convulsions

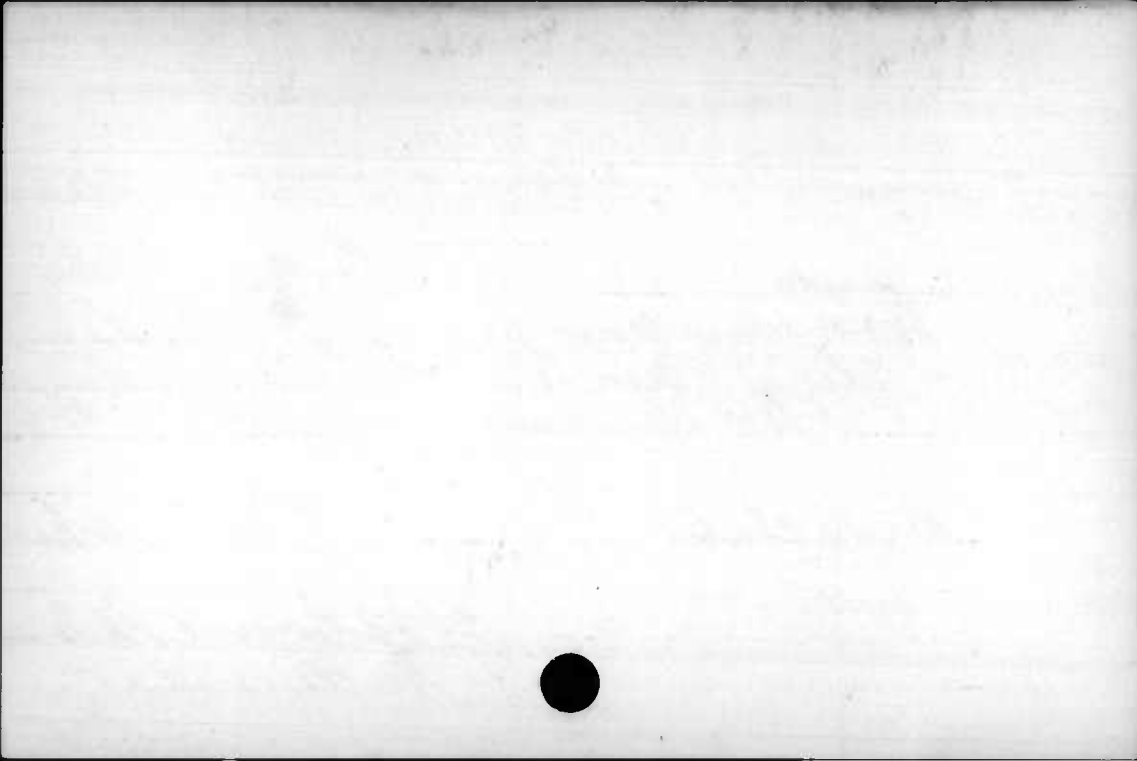
How long

*2 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Gen. T. Dent**Churchlton Md*

Accident or Suicide?



Name
in
Full

Charles Everett Edwin Hathaway.

CERTIFICATE OF DEATH

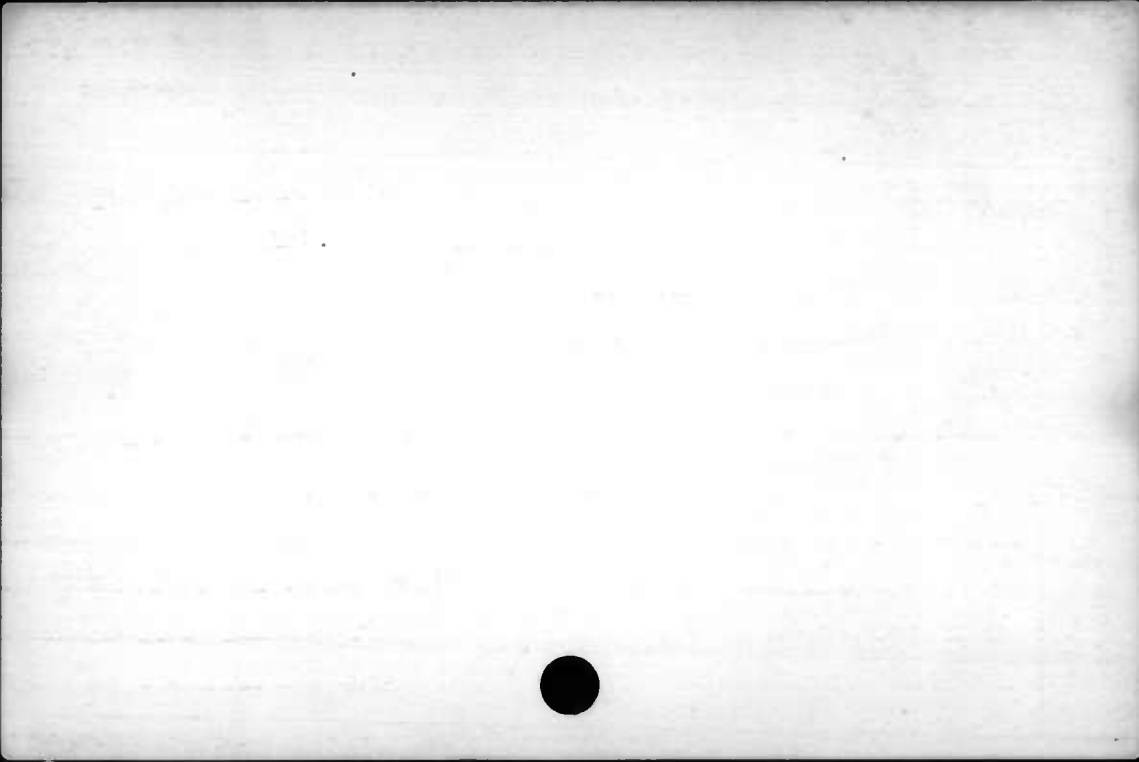
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Eastport		County A.A. Co.		MARYLAND	
Date of death		1905	Month March	Day 4 th	Age	Years No.	Months No
Sex Boy		Color or Race		White American		Birth- place Eastport	
Occupation				Where Residing if not at place of death No.			
Married, Single or Widowed		No.		Name of Wife or Husband		No.	
Father's Name				Chas. M. Hathaway.		Father's Birthplace	
Mother's Maiden Name				Cassie E. Hubbard		Mother's Birthplace	
Name of person giving In formation				Chas M. Hathaway.		How related to deceased	
				Father.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Trismus Nascentium		How long		2 days	
Immediate		Convulsions		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. S. Welch	
				Address		Annapolis	
Accident or Suicide?		No					



Name
in
Full

Lura Hester Hawkins

CERTIFICATE OF DEATH

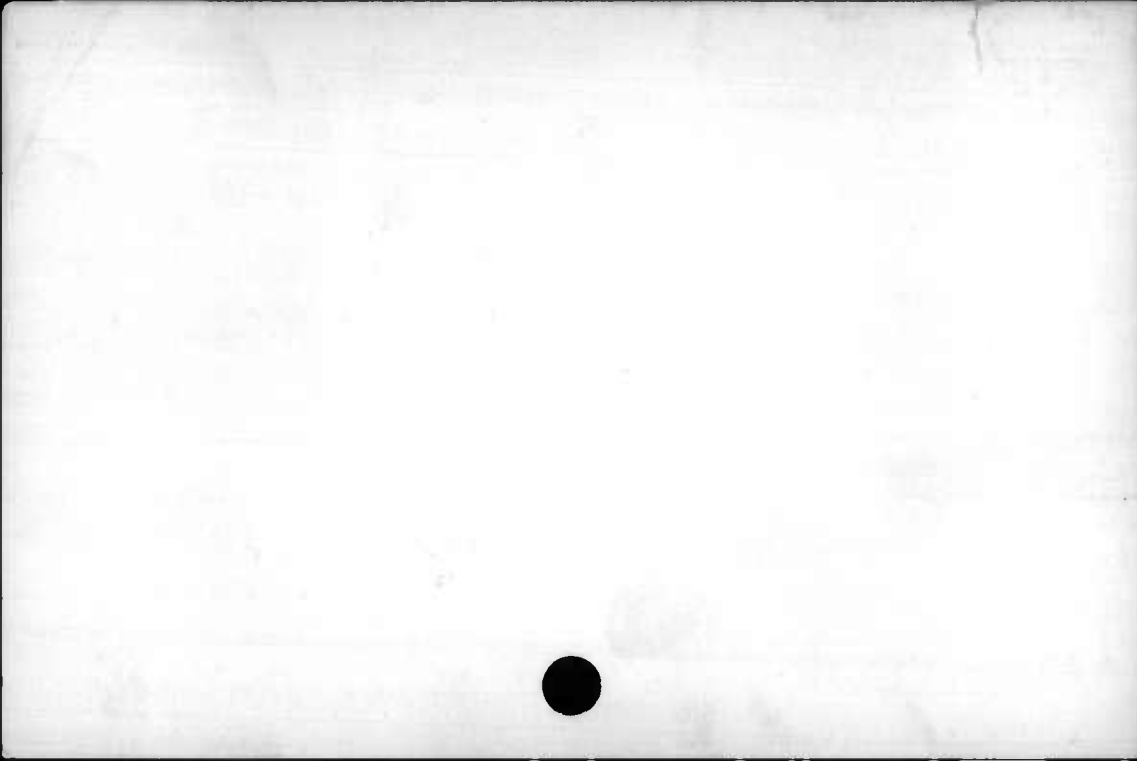
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bma</i> Town		<i>A.A.</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Mar</i>	Day <i>3</i>	Age <i>one</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Bma. A.A. Co.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Wm Hawkins Jr.</i>	Father's Birthplace <i>A.A. Co.</i>				
Mother's Maiden Name <i>Eliza Miller</i>	Mother's Birthplace <i>A.A. Co.</i>				
Name of person giving Information <i>Wm Hawkins</i>	How related to deceased <i>Grandfather</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>4 or 5 hrs.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Gantt M.D.</i>
	Address <i>Millersville</i>
Accident or Suicide?	<i>mg</i>



Name
in
Full

Alexander Henson

CERTIFICATE OF DEATH

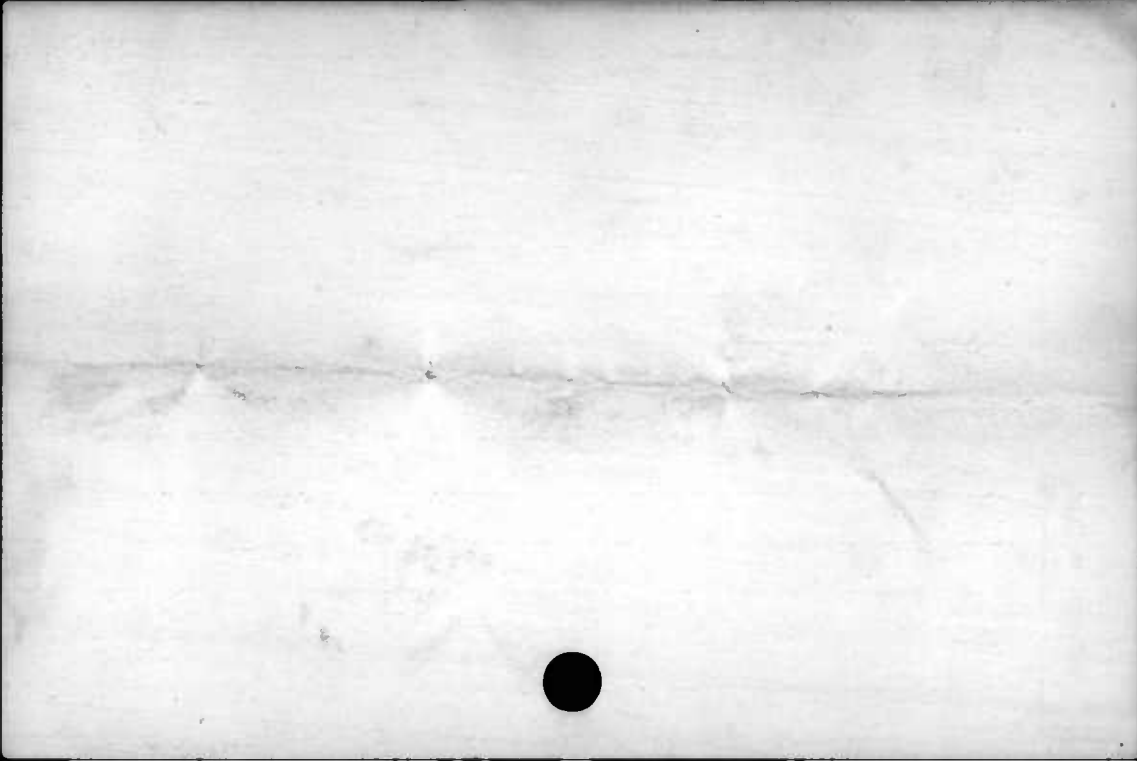
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Marys</i> Town		<i>A.A.</i> County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>March</i>	Day	<i>7</i>
		Years	<i>21</i>	Months	
Sex	<i>Male</i>	Color or Race	<i>Col</i>	Birth-place	<i>A A Co</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
<i>Single</i>					
Father's Name			Father's Birthplace		
<i>James Henson</i>			<i>A A Co</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>James Henson</i>			<i>A A Co</i>		
Name of person giving information			How related to deceased		
<i>John Henson</i>			<i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>27</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. D. Lillard</i>	
		Address	
		<i>St Marys</i>	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

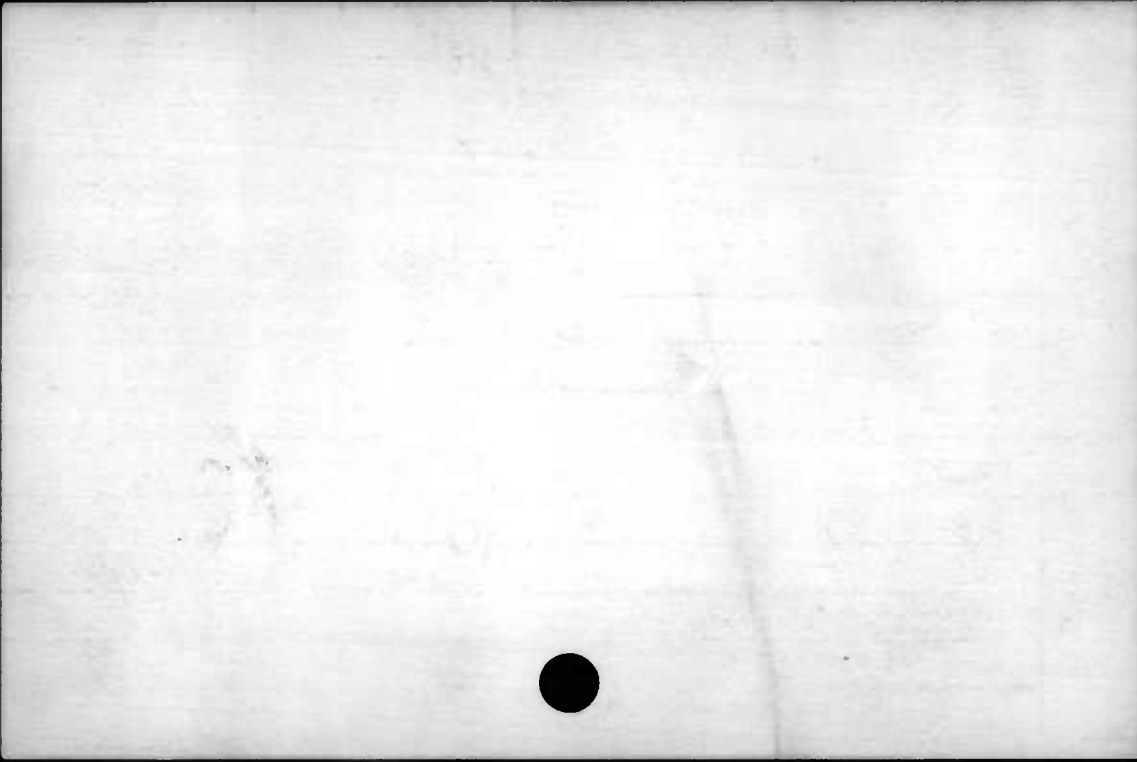
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Md</i>		Town <i>A.A.</i>		County <i>Co.</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>March</i>		Day <i>3rd</i>		Age <i>54</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>Annapolis</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband					
Father's Name <i>John Loughran</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Ann Doyle</i>				Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Mrs P. L. Loughran</i>				How related to deceased <i>Sister-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>		How long <i>Three days</i>	
Immediate <i>Septicemia</i>		How long <i>one day</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>[Signature]</i>	
Yes <i>Yes</i>		Address <i>Annapolis Md.</i>	
Accident or Suicide? <i>No</i>			



Name
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CERTIFICATE OF DEATH

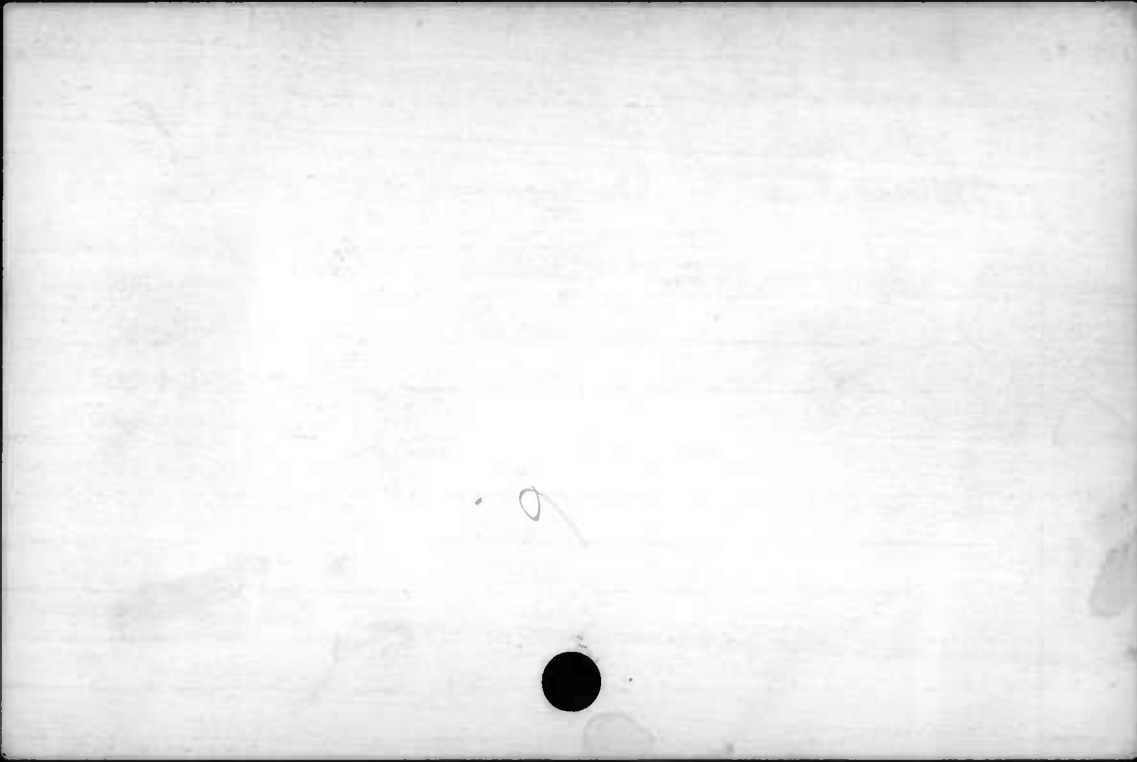
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town <i>Jenkins</i> County <i>D.A. Co</i>		MARYLAND	
Date of death <i>1905 March 6th</i>	Month <i>March</i> Day <i>6th</i> Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>colored</i>	Birth-place <i>Annapolis</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Charles Jenkins</i>		Father's Birthplace <i>Washington</i>	
Mother's Maiden Name <i>Katie Fisher</i>		Mother's Birthplace <i>Annapolis</i>	
Name of person giving information <i>Mother</i>		How related to deceased <i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still-born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charlotte Goodrich</i>
<i>yes</i>	Address <i>Midwife</i>
Accident or Suicide?	<i>Annapolis Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Johnson

Town Annapolis County Anne Arundel MARYLAND

Died at

Date of death 1905 Month March Day 31 Age 51 Years Months 8 Days 8

Sex Male Color or Race Colored Birth-place 88 Clay St.

Occupation _____ Where Residing if not at place of death 88 Clay St.

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Elijah Johnson Father's Birthplace A.A.C.

Mother's Maiden Name Mary Ann Johnson Mother's Birthplace " " "

Name of person giving information Mother How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Trismus Nascentium How long Two days

Immediate Exhaustion How long _____

Are the name, age, sex, color, date and place correctly given above? 77

Signature of Physician John Ridout M.D.

Address Annapolis Md

Accident or Suicide? _____

2



Name
in
Full

Sarah Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williams</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>March</i>	Day <i>17</i>	Age <i>34</i>	Years Months Days
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death		
Married, Single <i>Married</i>		Name of Wife or Husband <i>William Johnson</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>William Johnson</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Strablis Melitis</i>	How long	<i>4 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E R Winterson</i>
		Address	<i>Elbridge Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Lydia Jones

Town

County

MARYLAND

Died at

Annapolis

Annapolis

Date

Month

Day

Years

Months

Days

of death

March 24

Age 45

Months Days

Sex

Female

Color or
Race

Colored

Birth-
place

A.A.Co.

Occupation

Domestic

Where Residing if not
at place of death

9 Monmouth St.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Peter Jones

Father's
Name

Joseph Bradford

Father's
Birthplace

A.A.Co.

Mother's
Maiden Name

Marion Johnson

Mother's
Birthplace

" " "

Name of person giving
Information

Philip Jones

How related
to deceased

Brother in Law

CAUSES OF DEATH

Primary

Mitral Stenosis

How long

years. —

Immediate

dropsy

How long

6 mos.

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Louis B. Stukel Jr.

Address

*Annapolis,
Md.*

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

11.

Name
in
Full

CERTIFICATE OF DEATH

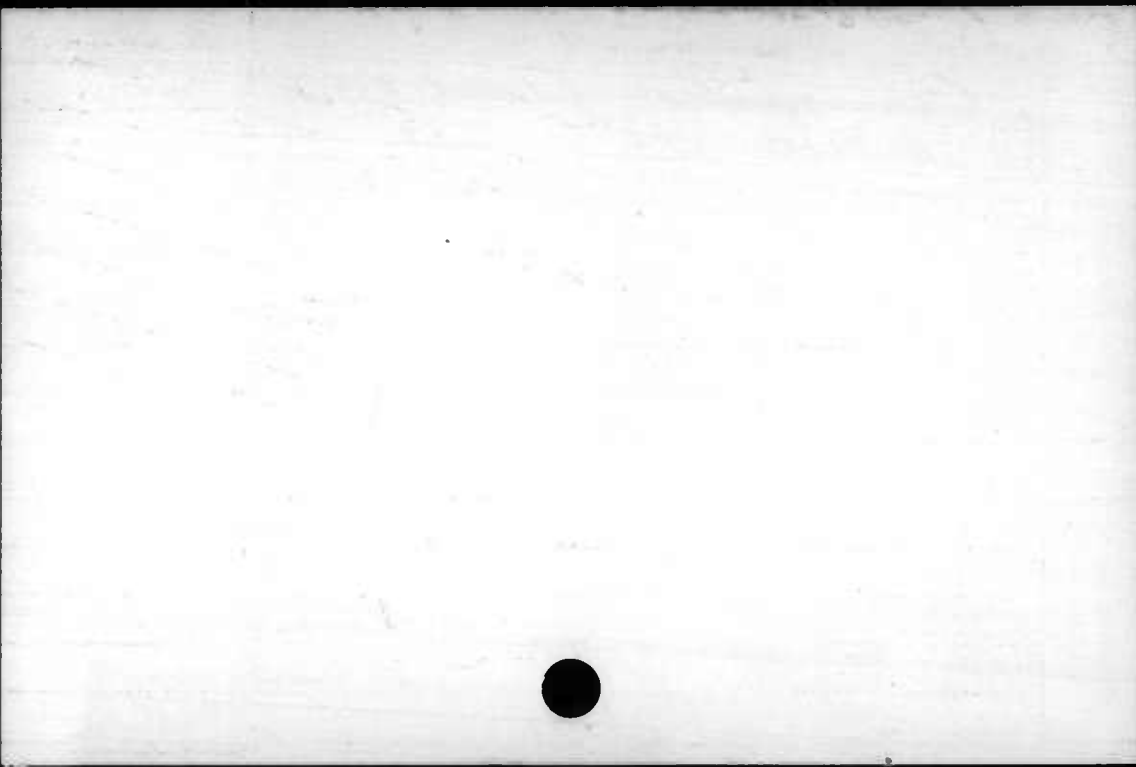
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah Jones</i>		Town <i>Darnace</i>		County <i>June Anne</i>		MARYLAND									
Died at <i>Darnace</i>		Date of death <i>1905</i>		Month <i>March</i>		Day <i>7</i>		Age <i>70</i>		Years <i>70</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>											
Occupation <i>House servant</i>		Where Residing if not at place of death <i>—</i>													
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>George Jones</i>													
Father's Name <i>Thomas Brogden</i>		Father's Birthplace <i>Ind.</i>													
Mother's Maiden Name <i>Susan</i>		Mother's Birthplace <i>Ind.</i>													
Name of person giving information <i>George Jones</i>		How related to deceased <i>Husband</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>		How long <i>1 year</i>	
Immediate <i>Asphyxia</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Perrie</i>	
		Address <i>McKendree, Ind.</i>	
Accident or Suicide?			



Time
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	190 <i>6</i>	Month <i>June</i>	Day <i>27</i>	Age	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>				
Occupation				Where Residing if not at place of death <i>211 Bladensburg St.</i>			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Thomas Trimble</i>				Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Katie Blackston</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Thomas Trimble</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>151</i>	Months
Immediate	<i>Asthenia</i>	How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout, M.D.</i>		
<i>yes</i>		Address <i>Annapolis Md.</i>		
Accident or Suicide?				

12

Name
in
Full

CERTIFICATE OF DEATH

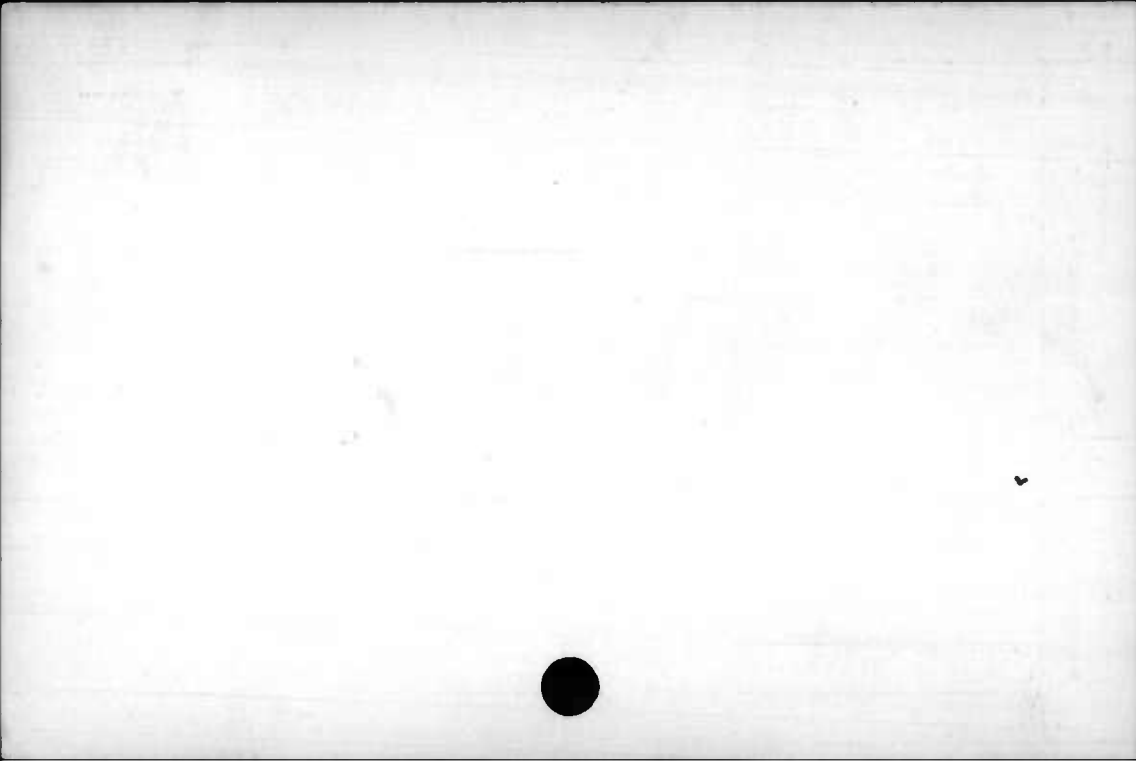
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gma</i> Town		<i>a. a.</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Mon</i>	Day <i>8</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Gma. Md</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>J. W. Knott</i>		Father's Birthplace <i>Chas. Co. Md</i>			
Mother's Maiden Name <i>Mary B. Sperry</i>		Mother's Birthplace <i>Lalbot Co. "</i>			
Name of person giving Information <i>J. W. Knott</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born -</i>	<i>S.</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>		Signature of Physician <i>H. B. Gant & M. A.</i>	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jacob Mathus Kolbe* County *Wm. Anundel*
Died at *Hardisty*
Date of death *1905* Month *Mar* Day *26* Age *41* Years Months Days
Sex *Male* Color or Race *Caucasian* Birth-place *Pennsylvania*
Occupation Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband
Father's Name *Jacob Kolbe* Father's Birthplace *Pennsylvania*
Mother's Maiden Name *Sarah Mathus* Mother's Birthplace
Name of person giving information *Henry Kolbe* How related to deceased *74* *Writer*

CAUSES OF DEATH

Primary *Shock from fall* How long *3 years*
Immediate *Brain tumor & respiratory failure* How long

Are the name, age, sex, color, date and place correctly given above?

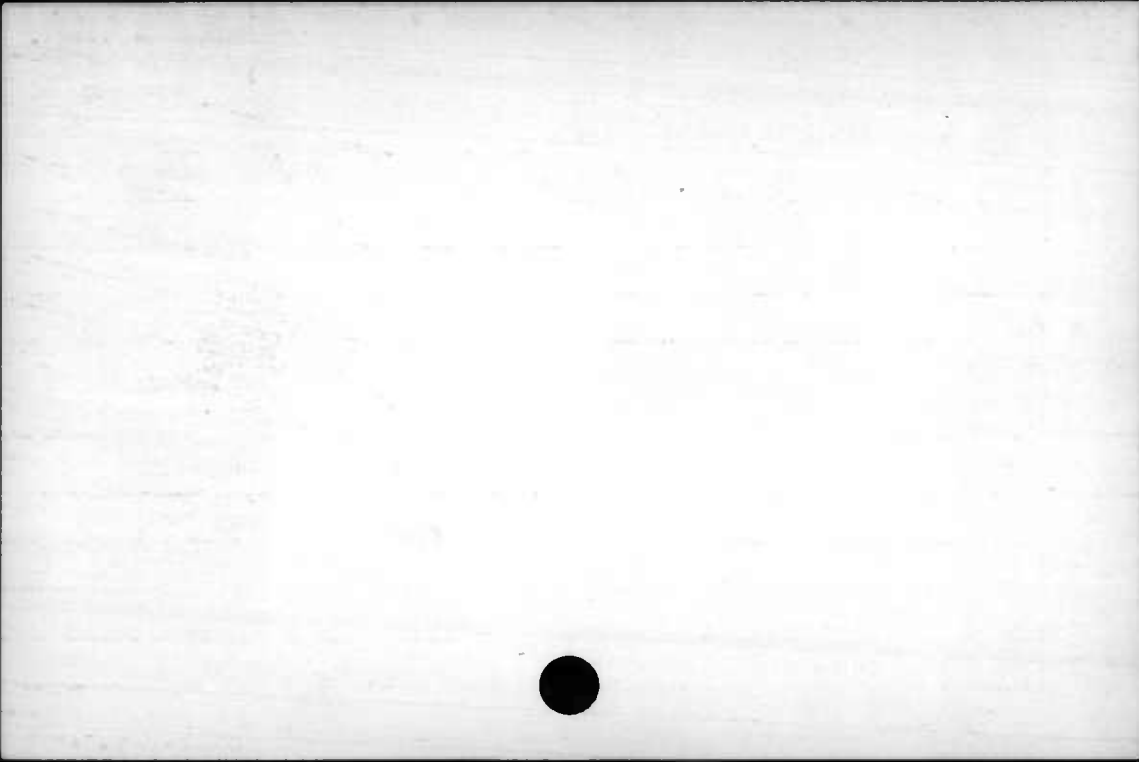
Yes

Signature of Physician

Address

Malcolm Hancock
Wash River
Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

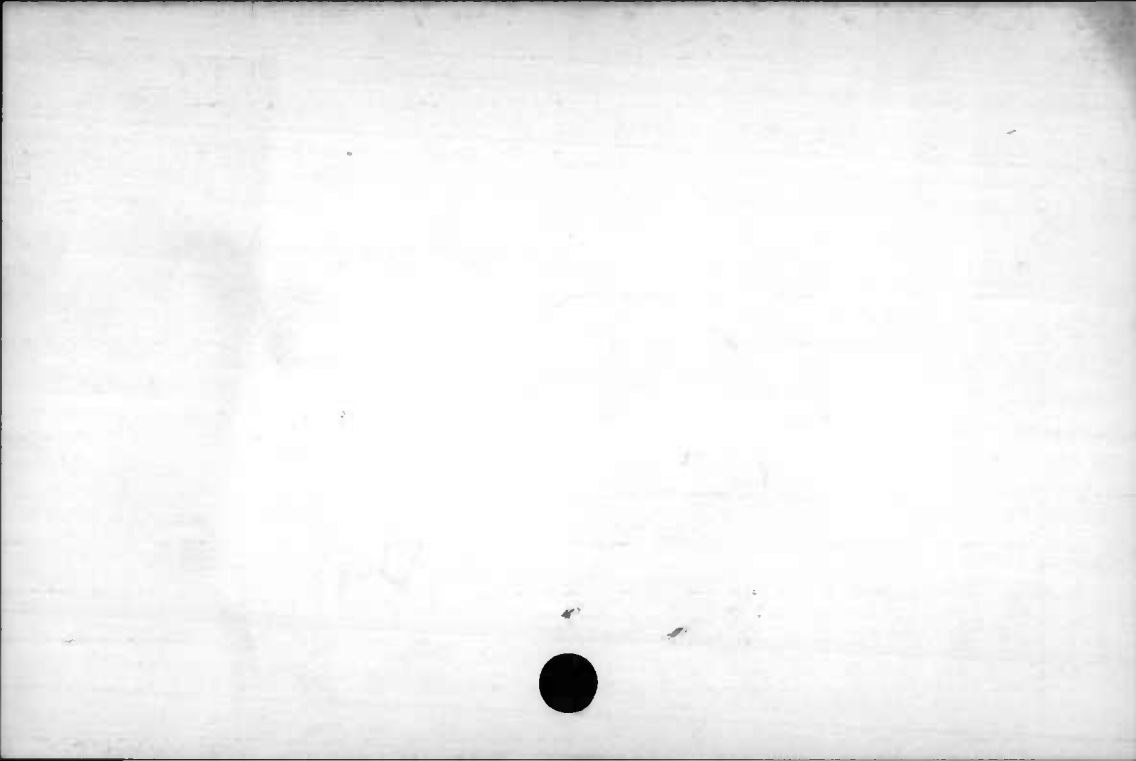
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Delilah Lenthicum</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>March</i>		Day <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Years <i>67</i>		Months <i></i>	
Birth-place <i>Baltimore</i>		Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thomas J. Lenthicum</i>		Father's Birthplace <i>Baltimore</i>			
Father's Name <i>William Smith</i>		Mother's Maiden Name <i>Mary Hammond</i>		Mother's Birthplace <i>Easton</i>			
Name of person giving information <i>Mabel L. Lenthicum</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>Don't know</i>
Immediate <i>Acute Indigestion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. S. Welch</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Sweetser Luthicum

CERTIFICATE OF DEATH

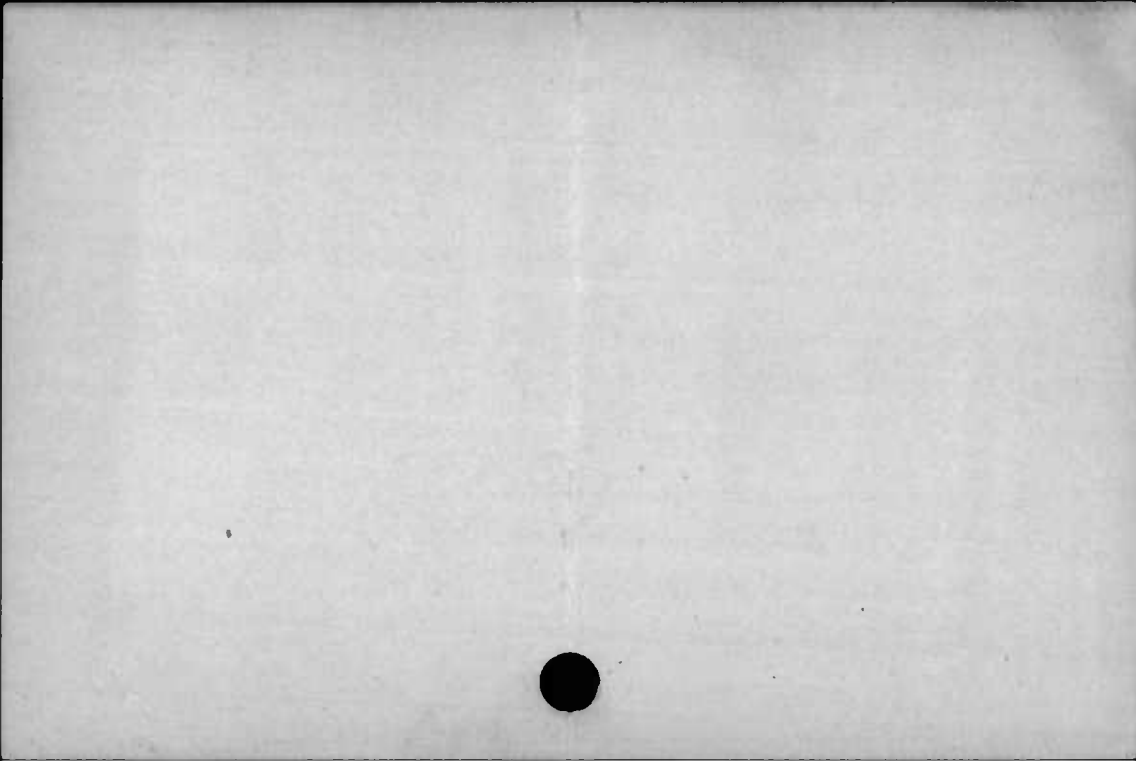
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wellham</i> <small>Town</small>		<i>Anne</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>March</i>	Day	<i>29</i>
Age		<i>80</i>	Years	<i>6</i>	Months
Sex	<i>Male</i>	Color or Race	<i>American</i>	Birth-place	<i>Anne Arundel Co Md</i>
Occupation		<i>Farmer</i>			
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Laura Luthicum</i>			
Father's Name		<i>William Luthicum</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name		<i>Betsy Sweetser</i>		Mother's Birthplace <i>Maryland</i>	
Name of person giving information		<i>Laura E Luthicum</i>		How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dilatation + Paralysis of the bladder</i>		How long	<i>10 years</i>
Immediate	<i>Exhaustion</i>		How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>E R Wmison</i>	
			Address <i>Elkridge Md</i>	
Accident or Suicide?				



Name
in
Full

Aunie Magruder

CERTIFICATE OF DEATH

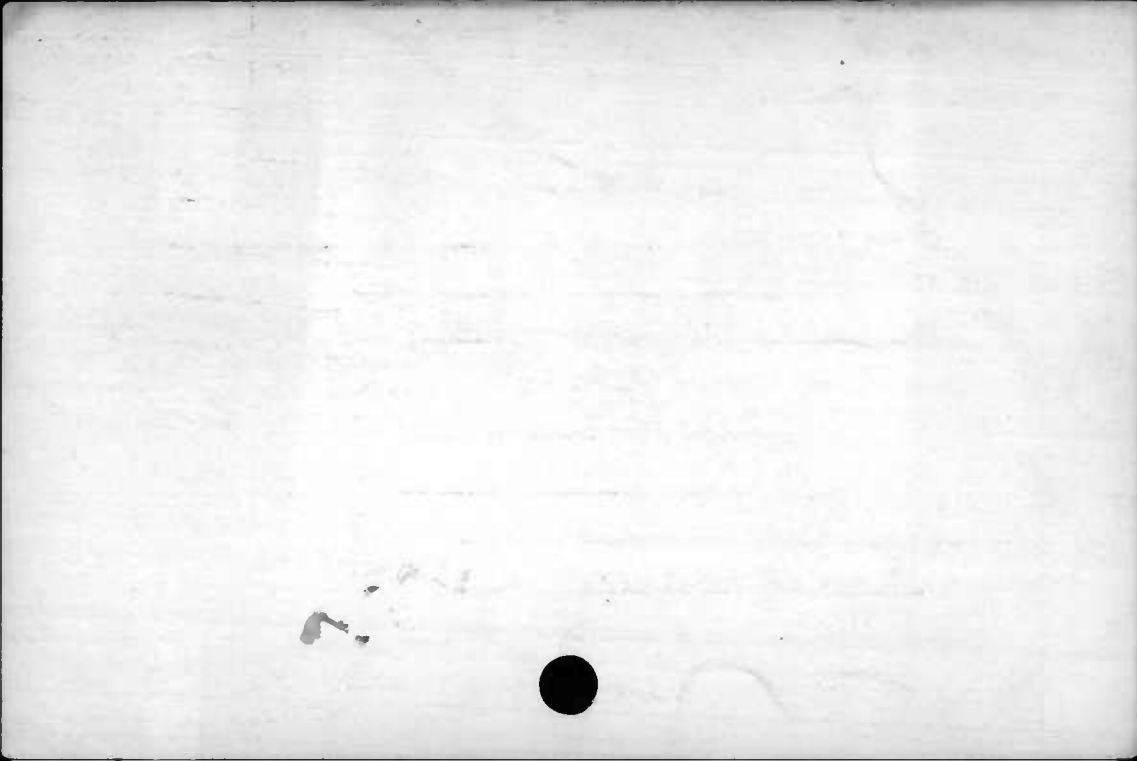
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lothian</u> Town		County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day	Age <u>28</u> Years	Months	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>Or light Col</u>		Birth-place <u>A.A.C.</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Charley Magruder</u>			
Father's Name <u>Jeremiah Swann</u>		Father's Birthplace <u>Tennessee</u>			
Mother's Maiden Name <u>Mary Evans</u>		Mother's Birthplace <u>A.A.C.</u>			
Name of person giving information <u>John Wesley Magruder</u>		How related to deceased <u>Brother-in-law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Placenta Previa</u>	How long <u>5 mo</u>
Immediate <u>Hemorrhage</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Maclain Cawood</u>
	Address <u>West River</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harbour</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>3</i>	Day <i>14</i>	Age <i>44</i>	Months <i>7</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Clark Powell</i>					
Father's Name <i>X</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>Clark Powell</i>			How related to deceased <i>husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Colera maribus</i>	How long <i>2 days</i>
Immediate	How long <i>13</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harrison Tongue M.D.</i>
	Address <i>Elkridge Md.</i>
Accident or Suicide?	

2

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Jas O. and Sadie Humphrey

Died at ^{Town} Brooklyn

County Anne Arundel

MARYLAND

Date of death 1905 ^{Month} Mar ^{Day} 11Age ^{Years} Still Birth ^{Months} ^{Days}Sex Male ^{Color or Race} white

Birth-place Anne Arundel Co

~~Married, Single~~
~~or Widowed~~ Occupation

Name of Wife or Husband

Father's Name James O. Humphrey

Father's Birthplace Ind

Mother's Maiden Name Sadie Jackson

Mother's Birthplace Ind

Name of person giving information Isaac H. Humphrey

How related to deceased Uncle

CAUSES OF DEATH

Primary White birth

How long

Immediate

How long

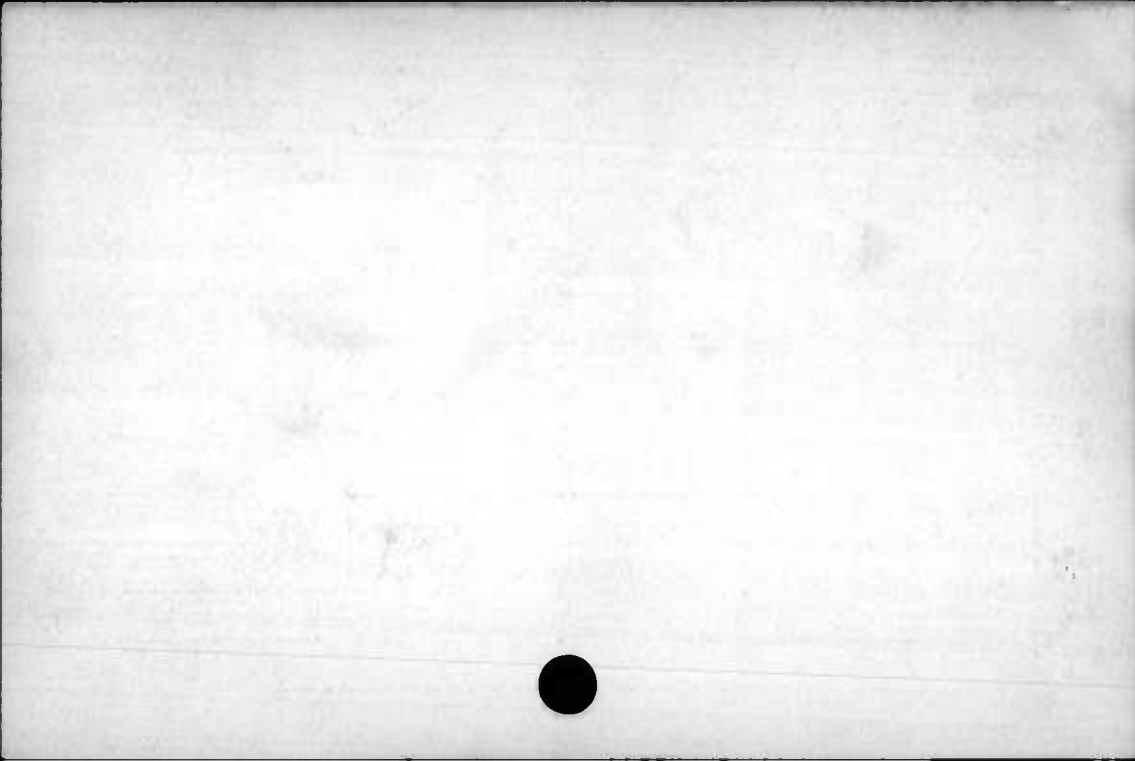
Are the name, age, sex, color, date and place correctly given above? Male

Signature of Physician J. H. Parks

Address 1728 1/2 Charles

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

William Joshua Pumphrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Near Armistice PO ^{County} Prince Georges

Date of death 1905 ^{Month} Mar ^{Day} 3 ^{Age} 6 ^{Years} ^{Months} 6 ^{Days} —

Sex Male Color or Race White Birth-place 4th Dist A. C. Md

Occupation None Where Residing if not at place of death at Place of death

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Wm B Pumphrey Father's Birthplace A. C. Md

Mother's Maiden Name Mary Stewart Mother's Birthplace A. C. Md

Name of person giving information May Sappington How related to deceased Mother

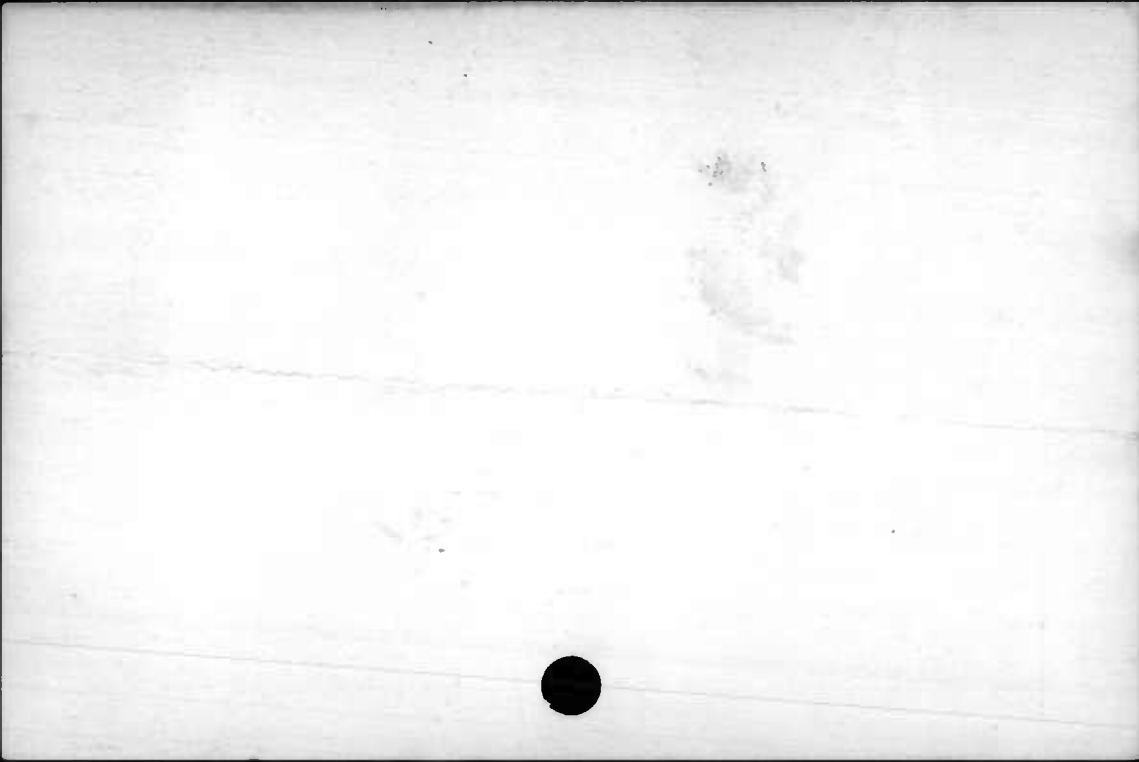
CAUSES OF DEATH

Primary Browning 172 How long —
Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Melville D. Doolittle
Address Justice of the Peace
P.O. Armistice A. C. Md

Accident
Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Queen

Died at <u>Annapolis,</u> <u>A. A. Co.</u> ^{Town} ^{County}		MARYLAND	
Date of death <u>1905</u> <u>Mar.</u> <u>27,</u> <u>th</u>	Age <u> </u> ^{Years}	Months <u> </u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Annapolis,</u>	
Occupation <u>Infant.</u>	Where Residing if not at place of death <u>37 Carroll Alley,</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>		
Father's Name <u>Hogner Queen</u>	Father's Birthplace <u>A. A. Co.</u>		
Mother's Maiden Name <u>Emmus Gardner</u>	Mother's Birthplace <u>A. A. Co.</u>		
Name of person giving information <u>Emmus Gardner</u>	How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still-born</u>	How long <u> </u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Mary Tyler, M.D.</u>
	Address <u>Annapolis, Md.</u>
Accident or Suicide? <u> </u>	

13

Name
in
Full

CERTIFICATE OF DEATH

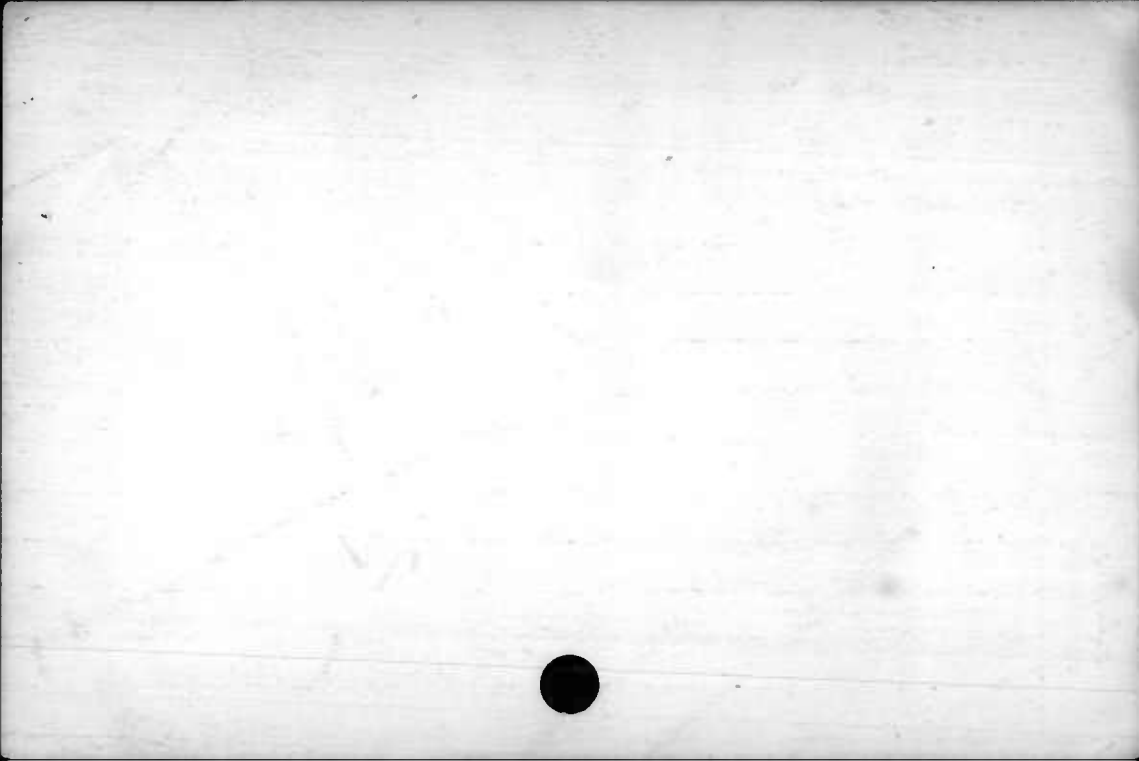
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Columbus Randall</i>		Town <i>Annapolis</i>		County <i>St</i>		MARYLAND	
Died at <i>Annapolis</i>		Month <i>March</i>		Day <i>1st</i>		Age <i>Six</i>	
Date of death <i>1905</i>		Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Atbo</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Columbus Randall</i>				Father's Birthplace <i>Atbo</i>			
Mother's Maiden Name <i>Eliza Whittington</i>				Mother's Birthplace <i>Atbo</i>			
Name of person giving information <i>Father</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Three days</i>
Immediate	<i>Exhaustion</i>	How long	<i>72</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout M.D.</i>	
<i>Yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name
in
Full

Annie F. Sammonig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aurapolis</i> ^{Town}		<i>Aurum Arundell</i> ^{County}		MARYLAND	
Date of death	1905	Month	March	Day	7 th
Sex	Female	Color or Race	White	Age	27
Occupation	House Wife	Birth-place	Baltimore Md	Months	1
Where Residing if not at place of death		Days 7			
Married, Single or Widowed	Married	Name of Wife or Husband	William Sammonig		
Father's Name	Charles Hopkins	Father's Birthplace	Balto Md		
Mother's Maiden Name	Annie Folks	Mother's Birthplace	Balto Md		
Name of person giving information	Lillie Hopkins	How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	?
Immediate	Asthma	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. Oliver Purvis M.D.
		Address	104 Prince Geo. St., Aurapolis, Ind.
Accident or Suicide?			

51

Name
in
Full

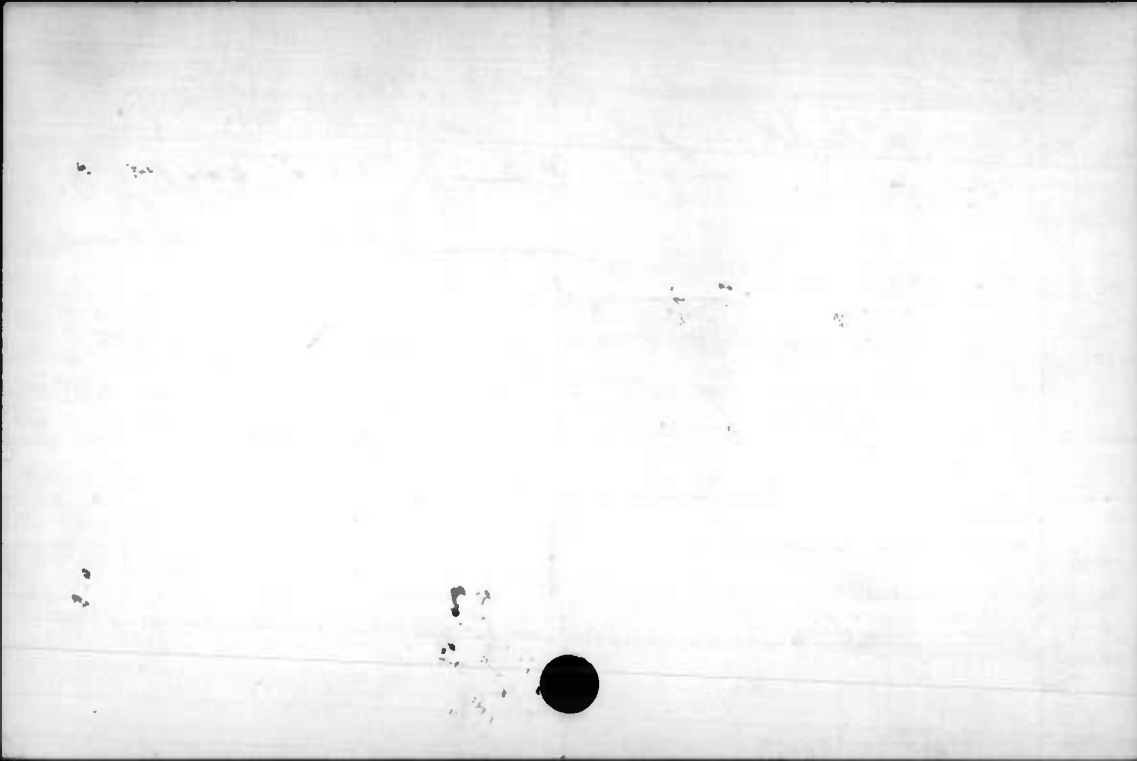
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Birdsville</i>		County <i>Arundel</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>female</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel</i>		
Occupation <i>house wife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>John Sasqua</i>			
Father's Name <i>Bill Thomas</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Sally Thomas</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>John Sasqua</i>			How related to deceased <i>husband</i>		

CAUSES OF DEATH

Primary <i>Child birth</i>	How long <i>138</i>
Immediate <i>Puerperal (Convolutions)</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>William Cawood M.D.</i>
	Address <i>West River Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James Shortie</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Annapolis</i>		Month <i>March</i>		Day <i>13</i>		Age <i>73</i>	
Date of death <i>1905</i>		Month <i>March</i>		Day <i>13</i>		Age <i>73</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>A.A.Co.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>76 Acton Lane</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mary Shortie</i>					
Father's Name <i>Charles Shortie</i>		Father's Birthplace <i>A.A.Co.</i>					
Mother's Maiden Name <i>Harriet Smith</i>		Mother's Birthplace <i>A.A.Co.</i>					
Name of person giving In formation <i>Elefornth Smith</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exhaustion incident to old age</i>	How long <i>154</i>	Four days.
Immediate <i>"</i>	How long <i>"</i>	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. Wells.</i>	Address <i>Annapolis</i>
<i>yes.</i>		<i>Maryland.</i>
Accident or Suicide? <i>No.</i>		

L



Name
in
Full

Soloman

Spriggs

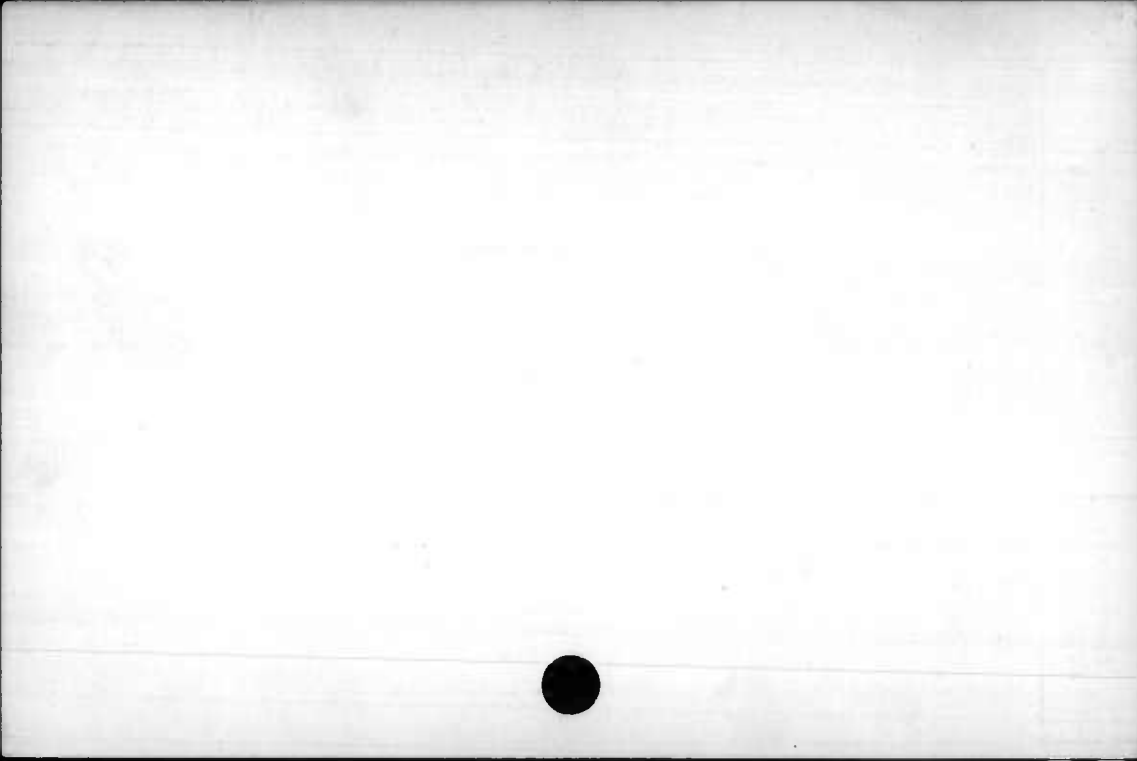
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ruttanet</i> ^{Town}		<i>A. A.</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Mar-</i>	Day	<i>5</i>
Age		<i>19</i>		Years	
Sex	<i>Male</i>		Color or Race	<i>Black</i>	
Occupation	<i>Laborer</i>		Birth-place	<i>A. A. Co.</i>	
Where Residing If not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Soloman Spriggs</i>			Father's Birthplace	<i>A. A. Co. Md.</i>
Mother's Maiden Name	<i>Catherine Harney</i>			Mother's Birthplace	<i>" " " Md.</i>
Name of person giving Information	<i>Herbert Parker</i>			How related to deceased	<i>Cousin</i>

CAUSES OF DEATH

Primary	<i>Bright's disease</i>	How long	<i>one year</i>
Immediate	<i>Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>H. B. Gantt</i>	
Address		<i>Millersville</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Albert K. Starling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

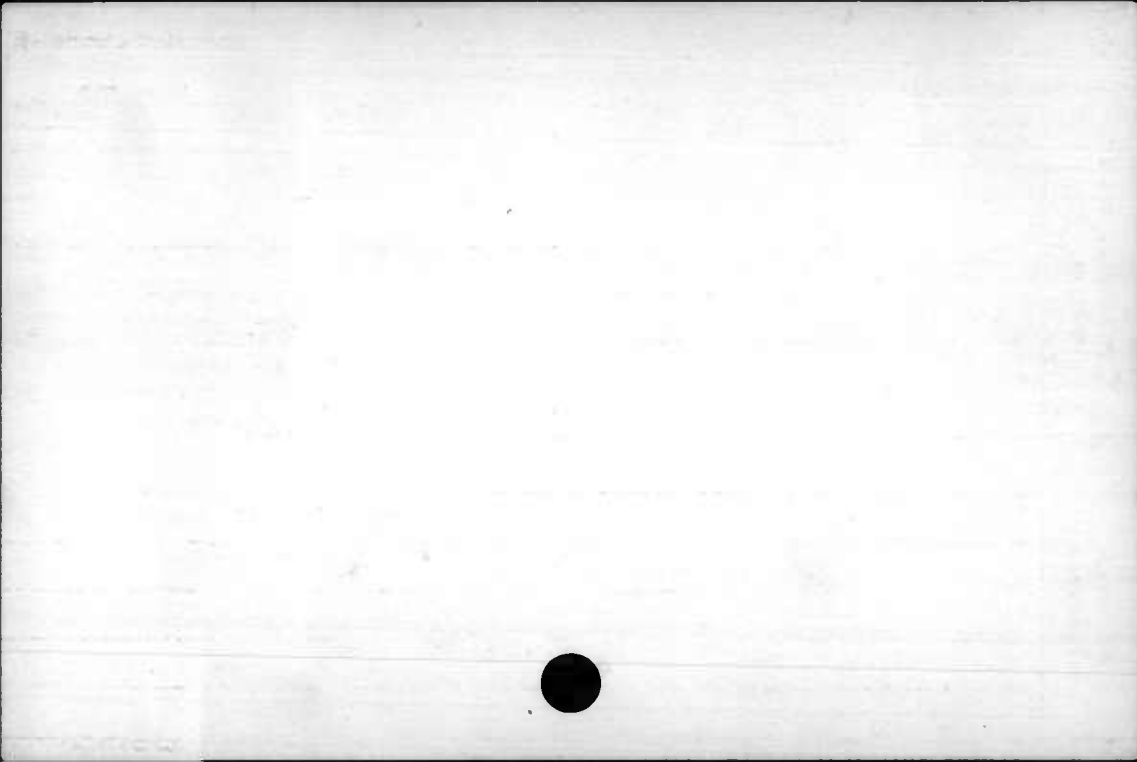
MARYLAND

Died at <i>Annapolis</i> ^{Town}		<i>A.A.Co.</i> ^{County}			
Date of death <i>1905</i>	Month <i>mar.</i>	Day <i>3</i>	Age <i>55</i>	Months <i>11</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>A.A.Co.</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella B. Starling</i>				
Father's Name <i>Wilson Starling</i>	Father's Birthplace <i>A.A.Co.</i>				
Mother's Maiden Name <i>Lark E. Nuttall</i>	Mother's Birthplace <i>A.A.Co.</i>				
Name of person giving information <i>Nicholas K. Starling</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long <i>three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jos M Worthington</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide?	



Name
in
Full

Jane Stewart

CERTIFICATE OF DEATH

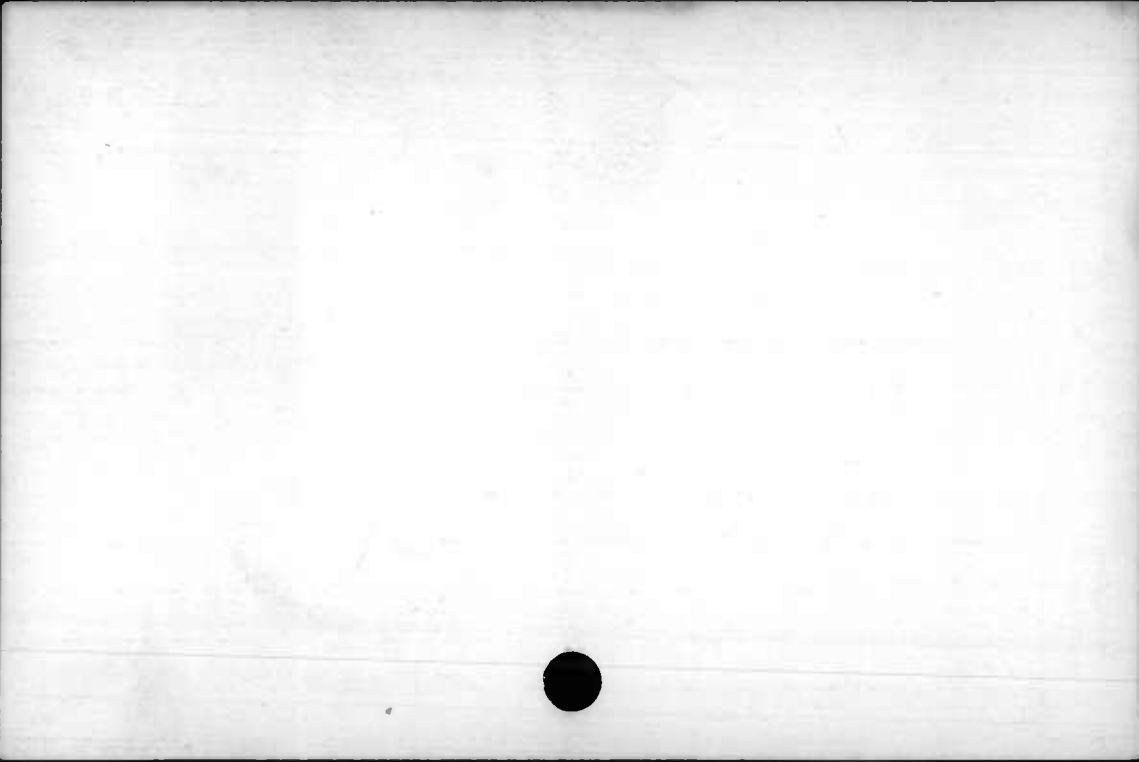
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lglehart's Station</i>		Town <i>Stanton</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>March</i>	Day <i>30</i>	Age	<i>about 30</i>	Years	Months
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Ind</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband <i>George Stewart</i>			
Father's Name		<i>Sam Smith</i>				Father's Birthplace	
Mother's Maiden Name		<i>Annie</i>				Mother's Birthplace	
Name of person giving information		<i>Mrs Amos Ward</i>				How related to deceased <i>none</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>27</i>
Immediate	<i>Hemorrhage</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Wm S. Welch</i>
<i>yes</i>		Address	<i>Annapolis</i>
Accident or Suicide?		<i>—</i>	



Name
in
Full

Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *South River* ^{Town}*Anne Arundel* ^{County}Date of death *1905* ^{Month} *March*Day *3*Age *23* ^{Years}

Months

Days

Sex *Male*Color or
Race*Caucasian*Birth-
place*Maryland*

Occupation

*Laborer*Where Residing if not
at place of death~~Married~~, Single
or ~~Widowed~~Name of Wife or
HusbandFather's
Name*John Thomas*Father's
Birthplace*A. A. Co*Mother's
Maiden Name*Grace Gyles*Mother's
Birthplace*South River Md*Name of person giving
In formation*Jae Brown*How related
to deceased*Uncle*

CAUSES OF DEATH

Primary

La. Grippe

How long

4

Immediate

Pneumonia

How long

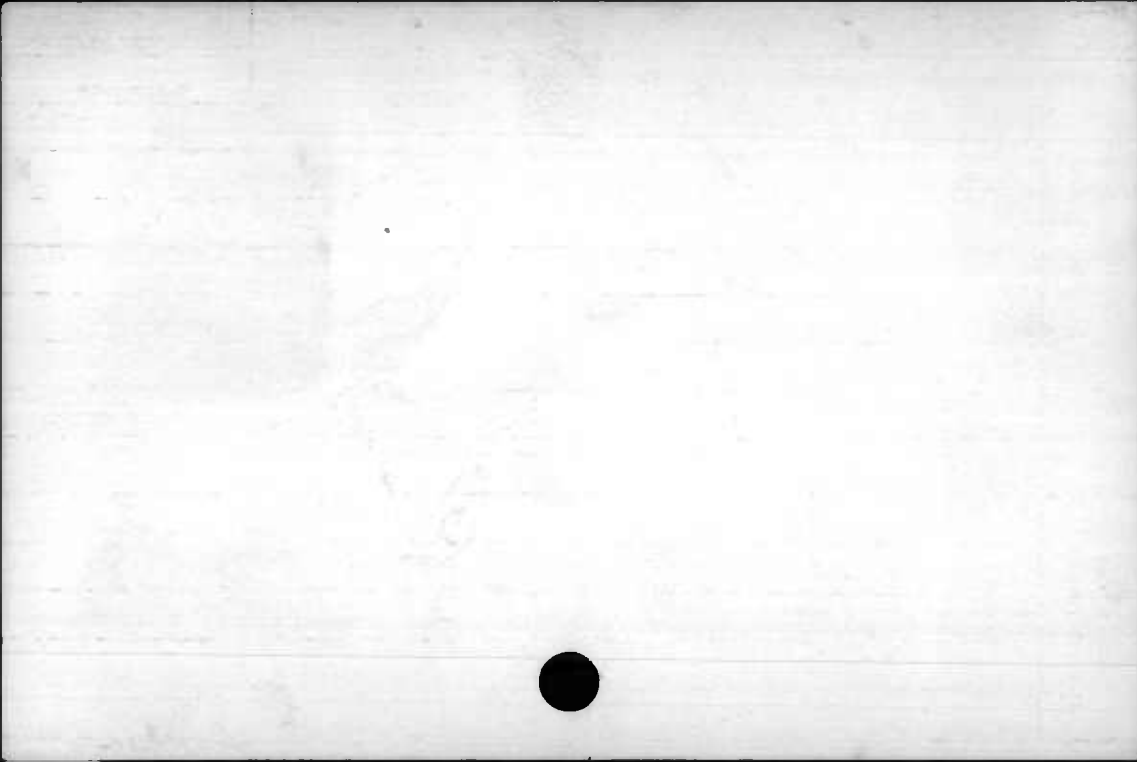
*3*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

John Collinson
South River
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Charles Augustus White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Home		Town	Annapolis		County	Anne Arundel		MARYLAND	
Date	1905	Month	March	Day	18th	Age	41	Months	3	Days	16
Sex	Male		Color or Race	White		Birth-place	Annapolis				
Occupation	Electrician				Where Residing if not at place of death		at Home 1211 West 21st St Annapolis				
Married, Single or Widowed	Married		Name of Wife or Husband	Rosie White Wife							
Father's Name	James P. White						Father's Birthplace	Annapolis			
Mother's Maiden Name	Mary Jane Thomas						Mother's Birthplace	Annapolis			
Name of person giving information	Jas. A. White						How related to deceased	Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	2 1/2 years
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Annapolis		
Accident or Suicide?				

9

